

APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

DHR Application Date August 11, 1980 Application Number DHR 80-24	1. GEORGIA DEPARTMENT OF HUMAN RESOURCES Division of Physical Health Chronic Disease Unit - Room 102 618 Ponce de Leon Avenue, N.E. Atlanta, Georgia 30308	ARCHIVES AND HISTORY Application Number <u>80-312</u> Date Received AUG 16 1980 Date Completed AUG 25 1980 Telephone Number 894-5122
2. Person to Contact Mrs. Kathy Bush Working Title Office Supervisor or Mrs. Pat Collins Fiscal Assistant		
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void		
4. Dates of Series Earliest Jan., 1970 Latest to present	5. Records Series Title (followed by title used in office, if different) Chronic Disease Program Administrative Files	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? <p>The Division of Physical Health, through the leadership of the Director, is responsible for the administration, direction, and coordination of the physical health programs throughout Georgia. This is accomplished by the establishment of health standards for business, housing, and field operations; the improvement of the physical and dental health of adults and children; the diagnosis and control of diseases; the monitoring of supplies of drinking water; and the daily State-wide program of the registration, statistical coding, certification, and preservation of certificates for births, marriages, divorces, annulments of marriage, and deaths that occur each year in the State.</p> <p>The Chronic Disease Unit has the responsibility to identify, refer, or bring to treatment, adults with major chronic diseases, such as: cancer; stroke and heart attack; kidney; rheumatic fever; high blood pressure; diabetes; speech, vision, and hearing; and cystic fibrosis; to operate and administer programs for: cancer control; aging; rehabilitation services; and FOCUS (Focus on Coordination of Unified Services); and contract with hospitals to provide treatment for persons with kidney diseases who are unable to pay from their own or other resources.</p>		
7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: maintaining the correspondence/- record; paper file for all Chronic Disease Programs. Included are: correspondence containing information concerned with Chronic Disease Programs; quarterly, annual and special reports of all Chronic Disease Programs; financial information; and medical and technical papers authored by Unit staff.		
The file is arranged : by program; thereunder, alphabetically by subject matter for each program.		
8. Monthly Reference Rate How often are records referred to which are: One to six months old <u>monthly</u> ; Seven to twelve months old <u>monthly</u> ; Thirteen to twenty-four months old <u>1 - 2 yearly</u> twenty-five months and older <u>1 - 2 yearly</u>		
9. Annual Rate of Accumulation or Records Letter-size drawers <u>3</u> ; Legal-size drawers _____; Shelves _____; Other (Specify) _____		

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
X		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? <u>reference copies held by some of the program staff</u>
	X	i. Is this series for a major portion of it regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|-----------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | <u>5</u> years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

for reference purposes

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

Chronic Disease Unit
(record copy)

☐ Calendar Year; ☒ Fiscal Year; ☐ Other _____ then,

- ☒ Hold in the current files area _____ month(s) 2 year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☒ Transfer to State Records Center; hold 3 year(s); then
- ☒ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

Reference copies

Cut off file at end of each fiscal year;
hold 1 year; then destroy.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>[Signature]</i>	8/8/80	<i>Elizabeth W. Crank</i>	7/29/80
		Elizabeth W. Crank, CRM State Records Committee (Signature)	Date
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)	State Auditor/Designee	<i>[Signature]</i>	8-21-80
	Secretary of State/Designee	<i>Carroll Hart</i>	8-19-80
	Attorney General/Designee		